


PLAINTIFF TTM BRYANT		COURT CASE NUMBER CV-22-09394-DOC (SK)	
DEFENDANT I. KAWHIWA (650759) 'Individual'		TYPE OF PROCESS Summons + First Amended Complaint	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Mr. I. Kawhiwa (650759)		<div style="border: 1px solid black; padding: 5px; text-align: center;">FILED CLERK, U.S. DISTRICT COURT 4/17/23 CENTRAL DISTRICT OF CALIFORNIA BY: CS DEPUTY</div>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 301 South Willowbrook Avenue - Compton, California 90220		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<div style="border: 1px solid black; padding: 10px; margin: 10px;">Mr. TTM Bryant 109 Eclipse Lake Forest, California 92630</div>		Number of parties to be served in this case	2
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

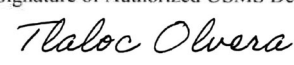
The front desk officer will accept service for this defendant if the defendant is in the field working.

Signature of Attorney other Originator requesting service on behalf of:  ☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER
(562) 254-2044

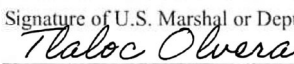
DATE
3/8/20

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 1	District of Origin No. 12	District to Serve No. 12	Signature of Authorized USMS Deputy or Clerk  #31526	Date 3/27/2023
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (<i>complete only different than shown above</i>)	Date 4/13/2023
	Time 6:33 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy  #31526

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

Received waiver of Service from LASD

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED